FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 25 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J54705** **(5)**

1. Corporation Name
CORPORATE BENEFIT ADVISORS INC.

Principal Place of Business	Mailing Address
3625 NW 82 AVE #311 MIAMI FL 33166-3647	3625 NW 82 AVE #311 MIAMI FL 33166-3647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/29/1987**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 11725 SW 132 CT.	26 11725 SW 132 CT.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33186-4449 25 Country: USA	29 Zip: 33186-4449 30 Country: USA

4. FEI Number: **59-2760896** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NUNES, DAVID
3625 NW 82 AVE #311
MIAMI FL 33166-3647

10. Name and Address of New Registered Agent

81 Name: NUNES, DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 11725 SW 132 CT.
83
84 City: MIAMI FL 85 Zip Code: 33186-4449

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DAVID NUNES, PRESIDENT — David Nunes JR — DATE: 04-20-95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT, DIRECTOR (PD)	☒ Change ☐ Addition
NAME	NUNES, DAVID	12 NAME	NUNES, DAVID	
STREET ADDRESS	3625 NW 82 AVE #311	13 STREET ADDRESS	11725 SW 132 CT.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL. 33186-4449	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Nunes JR PRESIDENT, DAVID NUNES, 04-20-95 (305) 386-1475
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Daytime Phone #)

018N00 CP